

# I-765, Application For Employment Authorization

**Do not write in this block.**

Remarks	Action Block	Fee Stamp
A#		
Applicant is filing under §274a.12 _____		
<input type="checkbox"/> Application Approved. Employment Authorized / Extended ( <i>Circle One</i> ) until _____ (Date). Subject to the following conditions: _____ (Date). Application Denied. <input type="checkbox"/> Failed to establish eligibility under 8 CFR 274a.12 (a) or (c). <input type="checkbox"/> Failed to establish economic necessity as required in 8 CFR 274a.12(c)(14), (18) and 8 CFR 214.2(f)		

I am applying for:  Permission to accept employment.  
 Replacement (*of lost employment authorization document*).  
 Renewal of my permission to accept employment (*attach previous employment authorization document*).

1. Name (Family Name in CAPS) (First) (Middle)	Which USCIS Office?	Date(s)
AGRAWAL Manisha Devi		
2. Other Names Used (include Maiden Name)	Results (Granted or Denied - attach all documentation)	
3. Address in the United States (Street Number and Name) (Apt. Number)	12. Date of Last Entry into the U.S. (mm/dd/yyyy)	
123 Park Avenue 45	11/29/2005	
(Town or City) (State/Country) (ZIP Code)	13. Place of Last Entry into the U.S.	
Edison NJ 08827	Washington Dulles International Airport, VA	
4. Country of Citizenship/Nationality	14. Manner of Last Entry (Visitor, Student, etc.)	
India	H-1B Temporary Worker	
5. Place of Birth (Town or City) (State/Province) (Country)	15. Current Immigration Status (Visitor, Student, etc.)	
Mumbai Maharashtra India	H-1B Temporary Worker	
6. Date of Birth (mm/dd/yyyy) 7. Gender	16. Go to <b>Part 2</b> of the Instructions, Eligibility Categories. In the space below, place the letter and number of the category you selected from the instructions (For example, (a)(8), (c)(17)(iii), etc.).	
11/20/1975 <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Eligibility under 8 CFR 274a.12 ( <u>c</u> ) ( <u>9</u> ) ( <u>P</u> )	
8. Marital Status <input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	17. If you entered the Eligibility Category, (c)(3)(C), in item 16 above, list your degree, your employer's name as listed in E-Verify, and your employer's E-Verify Company Identification Number or a valid E-Verify Client Company Identification Number in the space below.	
9. Social Security Number (include all numbers you have ever used) (if any)	Degree: _____	
998-76-5432	Employer's Name as listed in E-Verify: _____	
10. Alien Registration Number (A-Number) or I-94 Number (if any)	Employer's E-Verify Company Identification Number or a valid E-Verify Client Company Identification Number _____	
470593705 04		
11. Have you ever before applied for employment authorization from USCIS?		
<input type="checkbox"/> Yes (If "Yes," complete below) <input checked="" type="checkbox"/> No		

## Certification

**Your Certification:** I certify, under penalty of perjury under the laws of the United States of America, that the foregoing is true and correct. Furthermore, I authorize the release of any information that U.S. Citizenship and Immigration Services needs to determine eligibility for the benefit I am seeking. I have read the Instructions in **Part 2** and have identified the appropriate eligibility category in **Block 16**.

Signature _____	Telephone Number (732) 555-1212	Date 11/29/2011
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**Signature of Person Preparing Form, If Other Than Above:** I declare that this document was prepared by me at the request of the applicant and is based on all information of which I have any knowledge.

Print Name _____	Address _____	Signature _____	Date _____
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Remarks	Initial Receipt	Resubmitted	Relocated		Completed		
			Rec'd	Sent	Approved	Denied	Returned

